

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90475 033 ***150.00

DOCUMENT # P01000053913



1. Entity Name
B-YOURSELF/SOULSHOP CORP.

Principal Place of Business
PO BOX 170031
MIAMI FL 33017

Mailing Address
PO BOX 170031
MIAMI FL 33017

11003218



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-1124141

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GONZALEZ, MODALDO~~
~~20348 N.W. SECOND AVENUE~~
~~MIAMI FL 33169~~

Name **MODALDO GONZALEZ**
Street Address (P.O. Box Number is Not Acceptable) **17400 NW 68AVE**
City **MIAMI** FL Zip Code **33015**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Modaldo Gonzalez / Modaldo Gonzalez / DIR. DATE **4-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **GONZALEZ, MODALDO**
STREET ADDRESS **20348 N.W. SECOND AVENUE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **GONZALEZ, MODALDO**
STREET ADDRESS **P.O. BOX 171202**
CITY-ST-ZIP **MIAMI FL 33017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Modaldo Gonzalez DATE **4/10/03** (786) 210-6430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #